



Patent
Docket: 30-7037612001
(03-573)

To: M/S: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



NEW APPLICATION TRANSMITTAL - UTILITY

Sir:

Transmitted herewith for filing is a **utility** patent application:

Inventor(s): Michael P. Wallace and Robert J. Garabedian

Title: METHOD OF STIMULATING/SENSING BRAIN WITH
COMBINATION OF INTRAVASCULARLY AND NON-
VASCULARLY DELIVERED LEADS

PAPERS ENCLOSED HEREWITH FOR FILING UNDER 37 CFR § 1.53(b):

14 Page(s) of Written Description
4 Page(s) Claims
1 Page(s) Abstract
3 Sheets of Drawings ☒ Informal ☐ Formal

1. ADDITIONAL PAPERS ENCLOSED IN CONNECTION WITH THIS FILING:

- ☒ Declaration (2 pages)
☒ Power of Attorney ☒ Separate (2 pages) ☐ Combined with Declaration
☒ Assignment to SciMed Life Systems, Inc. and assignment cover sheet
(5 pages)
☐ Certified Copy of Priority Document No(s): _____
☐ Information Disclosure Statement w/PTO/SB/08 (___ pages) ☐ Copy of Citations
☐ Preliminary Amendment

CERTIFICATE OF MAILING
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Assistant Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

EL 995926131 US

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February 20, 2004

Date of Deposit

SJ-47559

OC:203668.1/2024730-7037612001

Jocelyn L. Lee

Name of Person Mailing Paper

Jocelyn L. Lee

Signature of Person Mailing Paper

- ☐ Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35
- ☒ Return Postcard
- ☒ Other: Application Data Sheet (3 pages)

2. PRIORITY

- ☐ Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. § 119.

3. THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

- ☐ Applicant claims small entity status pursuant to 37 CFR § 1.27

BASIC FILING FEE:							\$770.00
Total Claims	30	-	20	=	10	x \$18.00	\$180.00
Independent Claims	2	-	3	=	0	x \$86.00	\$0.00
Multiple Dependent Claims	\$280	(if applicable)				<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS							\$950.00
Reduction by ½ for Filing by Small Entity, if applicable, as asserted above. Note 37 CFR §§ 1.9, 1.27, 1.28.							<input type="checkbox"/> \$0.00
Misc. Filing Fees (Recordation of Assignment -- \$40)							\$40.00
TOTAL FEES DUE HERewith							\$990.00

4. METHOD OF PAYMENT OF FEES

- ☐ Attached is a check in the amount of _____.
- ☒ Charge Bingham McCutchen's Deposit Account No. **50-2518** in the amount of \$990.00.
- ☐ Not attached. No filing fee is submitted. [This and the surcharge required by 37 CFR § 1.16(e) can be paid subsequently.]

5. AUTHORIZATION TO CHARGE FEES

The Commissioner is authorized to credit any overpayment and to charge any underpayment to Bingham McCutchen's Deposit Account No. **50-2518** for the following:

- ☒ 37 CFR § 1.16 – (Filing fees and excess claims fees)
- ☒ 37 CFR § 1.17 – (Any application processing fees)
- ☒ 37 CFR § 1.21 – (Assignment recording fees)

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6. CORRESPONDENCE ADDRESS

Please send all correspondence to Customer Number 23639:

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Please direct all inquiries to David T. Burse, at the above customer number.

Respectfully submitted,

BINGHAM McCUTCHEN LLP

Dated: February 20, 2004

By: 

Michael J. Bolan
Reg. No. 42,339